



## Regional Aging Advisory Committee Membership Form

Name: \_\_\_\_\_

Term: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

County of Residence: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employment Status (working, retired, etc. and field of current or former employment):

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in serving on the Regional Aging and Advisory Committee?

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\_\_\_\_\_

Describe experience, background, and knowledge relative to issues important to older adults:

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Describe your participation in groups or organizations for older adults and in councils or committees which advise or oversee programs that have an impact on older persons:

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In the space below, describe any special skills or attributes of which would enhance his/her effectiveness as a member of the Kerr Tar Regional Aging Advisory Committee:

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SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

**Return Form to:**

*Nancy Francis  
Kerr-Tar Area Agency on Aging  
P.O. Box 709  
1724 Graham Avenue  
Henderson, NC 27536*